


IPW

PTO/SB/21 (08-00)


Approved for use through 10/31/2002. OMB 0651-0031


U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

 <h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p><i>(to be used for all correspondence after initial filing)</i></p>	Application Number	10/803,346
	Filing Date	03/19/2004
	First Named Inventor	Rogers
	Group Art Unit	3644
	Examiner Name	E.A. Shaw
Total Number of Pages in This Submission		Attorney Docket Number RJSTUDIO-3

ENCLOSURES (check all that apply)				
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):		
<table border="1" style="width: 100%;"> <tr> <td style="width: 30%;">Remarks</td> <td></td> </tr> </table>			Remarks	
Remarks				

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	LaMorte & Associates
Signature	
Date	7-18-05

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first-class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 7-18-05			
Typed or printed name	Eric A. LaMorte		
Signature		Date	7-18-05

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Rogers

Examiner: E. A. Shaw

Serial No.: 10/803,346

Group Art Unit: 3644

Filed: March 19, 2004

Date: July 18, 2005

For: **DEVICE AND METHOD FOR CLIPPING
THE CLAW NAILS OF AN ANIMAL**

Mail Stop Non Fee Amendment
Commissioner of Patents and Trademarks

I hereby certify that this correspondence and/or fee is being deposited with the United States Postal Service as First Class mail in an envelope addressed to: Commissioner of Patents and Trademarks, Alexandria, VA in accordance with 37 C.F.R. §1.8, on this day

(Date of Deposit)

July 18 2005

(Signature and Date)

EAS 7-18-05

RESPONSE TO RESTRICTION REQUIREMENT

Sir:

Pursuant to the Restriction Requirement, dated July 05, 2005 and received in regard to the above-identified application, please enter the following amendments and remarks

I. In the Claims

Please enter the following amendments to the claims.